NNSY DISPENSARY PERMIT

NNSY 6200/2 (Rev 8-01)

Employee's Name	SSN	Check No.	OCCUPATIONAL ☐ Yes ☐ No ☐ Questionable

Reason for Reporting	Date and Time of Injury /Date of Appointment

Remarks	Supervisor's Signature, Code and Phone Number

DISPENSARY USE ONLY

Time Reporting _____ Time Released _____

DISPOSITION: ☐ Sent Home ☐ Sent to Hospital ☐ Return to Work ☐ To PMD ☐ To Code 1112

☐ Return For Daily Dressing Changes ☐ Restricted Work ☐ Other _____

Class:
- ☐ I. Fit for Full Duty
- ☐ II. Restricted Work until _____
- ☐ III. Sent Home or PMD

Occupational:
- ☐ Yes
- ☐ No
- ☐ Questionable

☐ Pending Supervisor's Report

REMARKS:

_____

MEDICAL OFFICER'S SIGNATURE _____ DATE _____

Services Rendered

- ☐ 01 Acute Care NON-OCC
- ☐ 02 Acute Care OCC Injury
- ☐ 03 Acute Care OCC Illness
- ☐ 04 Re-eval OCC Injury/Illness
- ☐ 05 Fitness for Duty
- ☐ 06 Restriction via Code 1115
- ☐ 07 Immunization
- ☐ 08 Blood Pressure Check
- ☐ 09 Medical Surveillance Exam
- ☐ 10 Administrative
- ☐ 11 See Rad. Health Clerk
- ☐ 12 Audiogram
- ☐ 13 Repeat Audiogram
- ☐ 14 Ear Plugs
- ☐ 15 Eye-exam
- ☐ 16 Refraction
- ☐ 17 Dispense Safety Equipment
- ☐ 18 Repair Spectacles
- ☐ 19 OTHER _____

PRIVACY ACT STATEMENT

Authority: SECNAVINST 5100.10B and OPNAVINST 5100.14

Principal Purpose: To control and monitor treatment and disposition of civilians at Naval Dispensaries in cases of occupational injury or illness.

Routine Use: To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.

Disclosure: Voluntary Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.

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